

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Oct. 9, 2019 Case Number: 20-40

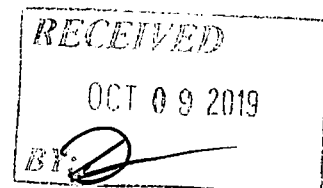
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dimitri Brown  
Premise Name: Pima Pet Clinic  
Premise Address: 4832 E Speedway Blvd  
City: Tucson State: AZ Zip Code: 85712  
Telephone: (520) 327-5624

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:

Name: Pamela Ludwiczak  
Address:   
City:  State:  Zip Code:   
Home Telephone:  Cell Telephone:

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



**C. PATIENT INFORMATION (1):**

Name: Roxie  
Breed/Species: Terrier Mix  
Age: 12 Sex: Female Color: Blk/Tan/White

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Dr. Chance, Encanto Pet Clinic  
4340 E Broadway, Tucson, AZ, 85711, 520-881-3221  
Dr. Devey, Ina Road Animal Clinic, 7320 N La Cholla, Tucson, AZ, Suite 114,  
85741, 520-544-7700  
Dr. Stanton, 1st Pet Vet, 1233 W Warner, Chandler, AZ, 85224, 480-732-0018

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

I do not know the name of the woman that was working with Dr. Brown that night. I do not recall seeing a name tag, nor did she share her name.

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Pamela Ludwiczak  
Date: 10/5/19

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

My complaint is attached to this form.

I did relate this experience with Dr. Chance, my vet at Encanto Pet Clinic. Because Pima Pet Clinic is owned by the same corporation as Encanto Pet Clinic, Dr. Chance was told by their office manager that she must file an Incident Report on what I reported to her.

October 5, 2019

To Whom It May Concern:

I am filing a complaint about the suffering my dog, Roxie, endured during what should have been a peaceful and fear-free euthanasia for her.

Roxie's death and suffering, in my opinion, came from lengthy suffocation due to improper procedures and lack of protocol, inadequate skill and knowledge of procedures and drugs, negligent remodeling practices - disabled electrical outlets not red-tagged, inability to allow the woman that appeared to be a technician to assist and do her part in the euthanasia process until the very end of the procedure.

I arrived at Pima Pet just before 130 a.m. Roxie has a history of congestive heart failure and several medications. I have had her to emergency vets, and her primary vet in the past, when coughing and/or congestion became more than normal for her.

Roxie had her nails trimmed at Encanto Pet Clinic on September 20, 2019 at about 330 p.m. She would always struggle during nail trims and her heart rate would increase for some time. I live a couple hours west of Tucson, and we arrived home about 700 p.m. Roxie was quiet and sleeping during the car ride home.

I fed my dogs and shortly afterward Roxie began coughing a bit. I monitored her and continued to check her gums as I had been told to do. I gave Roxie prescribed cough medication at 900 p.m. (Hydrocodone/Homatropine 5/1.5 mg, ½ tablet every 12 hours.) She seemed to settle down and go to sleep, but then I noticed she would not lay down and coughing progressed to sound like congestion so I decided to take her to the emergency vet in Tucson.

Upon arrival at Pima Pet Clinic, I rang the buzzer and was told by the woman she would be up in a few minutes after she finished what she was doing.

She had me remove Roxie's harness and she took her to the back, stating she's having trouble breathing. I told her Roxie has a history of congestive heart failure. She handed me a clipboard and told me to fill out the paperwork, I handed her Roxie's medications.

She came back out and said the doctor wanted to give Roxie a shot of Lasix, it would be about \$70, and I said, "Yes, if that is what she needs."

I was then put in an exam room and Dr. Brown came in to talk to me. He asked the same information as is on the paperwork I filled out, and on her prescription bottles I brought in. He informed me Roxie had fluid in her lungs, and I said she was fine when we were in town earlier for nail trims.

They had put Roxie in an oxygen compartment, so I asked what her oxygen level was. Dr. Brown said he didn't measure it because dogs don't like that...he further informed me of the four places used to check oxygen on dogs...lip, ear, vulva, nipple. He didn't want to upset Roxie, so he didn't check it. Dr. Brown continued and said the oxygen compartment was set at 65% and room oxygen is 23%. He said she was still having some trouble breathing, but it takes a while for the oxygen to build up in the compartment.

Dr. Brown and I talked about what was going on, Roxie's prognosis, and of course costs involved. I explained cost is not a consideration at this time, as I currently pay about \$800/month on vet bills for my 3 dogs under vet care and I am staying on top of the bills okay. What I did express was quality of life for whatever amount of time Roxie had left, considering suffering now and in her future...

When asked his opinion, Dr. Brown said he didn't want to give his opinion, but he has euthanized many of his own pets, and he stated he feels it is better to euthanize a pet while they are well, before it becomes an emergency and they suffer.

Dr. Brown sat on his stool with his ankle up on his other knee, leaned back with arms crossed, very relaxed like we were friends. I thought that odd at the time.

As we were talking, it came to me, I thought the coughing and vet visits came after the last three toe nail trims and perhaps this time her heart was not able to keep up with clearing the lungs. I asked Dr. Brown how the Lasix shot was working; he said she still had fluid. Then I asked how long it takes for the Lasix to work and he said 10-20 minutes. I said it's been longer than that.

These were my determining factors in deciding to euthanize Roxie. It was never about me, but about the love I had for my beautiful, sweet girl who did not deserve even one minute of suffering. I have kicked myself for not keeping Roxie in the oxygen compartment until my primary vet's office opened and take her there. But, when I thought about that at the time, it didn't seem fair to wait until 900 a.m. when they opened, and then there was the car ride without oxygen if she wasn't better by then.

I asked to see, visit with Roxie, thinking I would be taken back to her where she was in the oxygen compartment. The woman brought Roxie to the exam room, handed Roxie to me and said I should get one of them if Roxie was having trouble breathing because they would have to put her back in the oxygen. I held Roxie for a couple of minutes, and she began panting and having trouble breathing, so the woman took her back.

I took a few minutes alone to think and come to terms with my decision to euthanize Roxie. I explained to Dr. Brown I've had many dogs and cats peacefully euthanized and I would like Roxie sedated before being euthanized so she would not suffer nor be afraid, so she wouldn't know what was happening. I also stated I didn't want her knocked out in the other room away from me, I wanted to hold and comfort her as I had done with my other pets. I also stated as bad as Roxie seems, the sedation may stop her heart before the euthanasia medication is given.

Dr. Brown brought up payment, that I should pay before Roxie was euthanized...for my benefit. I was expecting that as I had seen reviews to that effect online...they want payment first. For some reason, he found it necessary to forewarn me, like I would be shocked, and explained to me that Roxie's ashes would be in a plastic bag. I did explain I wanted her in a plastic or wooden box as my other pets were. I don't know why he felt this conversation necessary. I began to question his thinking and intentions...odd at times.

None of my pets have suffered during euthanasia, until now. What my pets have experienced in the past is the IV shunt is placed in the front leg vein and then the pet is brought into the exam room with me. The sedation would be administered through the IV shunt either while I held my pet or it was on the table, then the euthanasia drug was administered as soon as my pet went to sleep...all fearlessly in

less than one minute. My pets were sedated like asleep, and didn't know what came next. My pets were always placed on a towel so urine had a place to go.

This is what I said I wanted for Roxie, but her experience was not even close to that.

Here are the events. I'm estimating Roxie's suffering lasted about 10 minutes after we took her back into the exam room for euthanizing:

1. I stated I needed to use the restroom before they brought Roxie to me in the exam room, though I don't know why I couldn't have gone to her where she was in the oxygen.
2. I exited the restroom to find Dr. Brown holding Roxie about 6 feet away from the restroom door, where his computer table and chair were.
3. Dr. Brown informed me he had given Roxie a sedation shot in her muscle because he didn't want to stress her, and he handed Roxie to me, telling me to hold her head up as it begins to fall, which it did...and Roxie peed down my clothing. Dr. Brown asked for a towel for me and half stuck it under my arm. I know this happens, but it was just as stated. I came out and was handed my pre-sedated dog.
4. We went into the exam room and I was told to put Roxie on the table. She was laying on her side, struggling to breath, but not knocked out.
5. I tried to comfort Roxie as Dr. Brown had hair clippers that he was trying to get to work so he could shave a few hairs off of Roxie's hind leg to insert the butterfly clip which he would use to administer the euthanasia drug. The clippers would not work in either electrical outlet and he was perplexed as to why they wouldn't work.
6. Dr. Brown got a bottle of alcohol (?) to wet the hair, which is so thin he had moved it aside and the vein was clearly there anyway. He tried to get the butterfly needle in Roxie's vein but it wasn't going. Roxie's breathing was worsening, she was gasping and opening her mouth more with each attempted draw of breath. Her gums, tongue, mouth paled to no color.
7. I said to Dr. Brown, we need to get this done, she is suffering, she can't breathe. If you can't get that in you need to give her more of the sedative.
8. Dr. Brown said, I don't think she knows what going on. During this time, Roxie rolled her eyes toward him working on her hind leg. She then lifted her head and turned toward him twice. Roxie ABSOLUTELY knew and was suffering! I kept trying to calm Roxie and tell her it's okay when that was a damn lie. I'm telling my dog she's okay as she is suffocating to death.
9. The woman came in and Dr. Brown stopped working on Roxie and had a "calm" discussion with her, still perplexed that the clippers wouldn't come on and did she know what was wrong with them, could she get them to work. She tried the same outlet and said maybe they disconnected it for the building remodel. Then she turned and told Dr. Brown, look, there's a receptacle on this wall too...which was the wall two feet away from the end of the exam table...directly in Dr. Brown's eyesight. The woman plugged it in, Dr. Brown shaved a few hairs off Roxie's leg.
10. Dr. Brown kept trying to get the needle in, but could not. The woman offered to do it and he declined her help. Eventually, Dr. Brown let the woman put the needle in Roxie's vein. She got it right in and I saw some of Roxie's blood come into the line.

11. I turned and watched Dr. Brown trying to administer the euthanasia drug from what I thought was an extra-large syringe, through the butterfly clip. I could see his thumb struggling to push the syringe, but none of the blue drug was going into the butterfly tubing. I said again, Roxie is suffering, this needs to get done.

12. Roxie's mouth was wide open as she attempted to gasp her last breath. Her eyes were open and bulging. I accidentally touched an eyeball with my finger and my finger stuck to it as it skimmed across her dry eye.

13. Dr. Brown used his stethoscope for quite a while to check Roxie in three different chest areas, then he just stood there instead of giving me privacy with Roxie. I remember thinking as he was checking her, is she really dead or just sedated? I didn't think of it at the time, but all other times I've been given alone time with my pet before I left them.

Roxie was not euthanized, she suffocated to death. She suffered a long drawn out process while experiencing less and less oxygen. She was aware, though moving into the sedated state, throughout a good amount of time during this process. An unaware dog would not roll their eyes, and most definitely not raise and turn their head.

I accepted Roxie's euthanasia as necessary, I never thought she would suffer so. I will add, I worked as a Pima County Animal Control Officer in Tucson many years ago. I had occasion to euthanize dogs. They never had to suffer like this either. This is 35 years later and it should not happen now.

I spoke to another vet about this process. She stated the sedation shot given to Roxie collapses the veins. Well, Dr. Brown should know that, he should have known that he possibly wouldn't be able to insert the butterfly clip needle, and then expect the euthanizing drug to be able to be administered into the collapsed vein.

I took time to think about what I should do about this. I was initially angry, I thought about suing Dr. Brown for the reasons stated above. But I waited and thought, reasonably thinking, there is a more useful solution...a jury of his peers into his practice for the reasons stated above. Perhaps he needs retraining, or whatever it takes, so this never happens to an animal again. This was a sickening experience.

I would also like to note, that in reviewing information about Dr. Dimitri Brown online, his sites refer to him as an "Expert at End of Life Care." It is also where I learned that this clinic is a JTED facility, a training facility where he is the Director. This should be required to be posted and brought to the attention of pet owners. Could this possibly be why I don't recall seeing name tags on staff other than Dr. Brown?

I also learned that apparently the cremation was done by them as well. The box Roxie came in names the company as "Lasting Paws." I did question the woman as to why my bill was so low, and she shot back, "Because we didn't do anything." Because of the low prices I was charged and finding out they are a JTED facility, I became concerned whether or not I really had Roxie's remains. I was surprised that the "ashes" are in a zip-lock bag that can be opened and closed. I thought the bag had to be sealed with a wire ring. I hope they are Roxie's ashes and hers alone. There are very few bone fragments and the ashes are like powder.

Please, do your investigation and proceed as necessary.

Sincerely,

*Pamela Ludwiczak*

Pamela Ludwiczak

[REDACTED]

[REDACTED]

[REDACTED]



10/26/19

Re: Dimitri Brown (20-40)

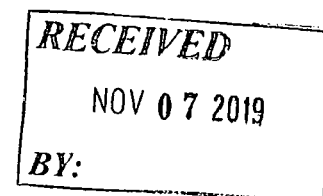
To whom it may concern,

I am writing to convey my narrative account of what occurred with respect to case 20-40.

On 9/21/2019 around 1:30 a.m. Ms. Ludwiczak brought Roxie, a 12-year-old female spayed Terrier mix, to Pima Pet Clinic / Animal Emergency Service where I was working the overnight shift as a relief veterinarian. Roxie was immediately brought back to the treatment area, where I performed a physical exam and then placed Roxie into an oxygen cage. This decision was based on both my physical exam findings and her history of heart failure. I asked Stefanie, the veterinary assistant working with me, to get permission from the owner for us to give an injection of furosemide. She got permission and returned a short time later. When restrained, Roxie would really thrash about and struggle, so I elected to give her a dose of furosemide in her muscle instead of in her vein to avoid any additional stress. She was given 0.4 ml of 50 mg/ml furosemide (20 mg total). With her body weight at about 5.0 kg, this dose represents 4 mg/kg, which is a moderate dose that I frequently use for my first injection for a dog in heart failure. Following the injection, she was returned to the oxygen cage, where I observed her while Stefanie got Ms. Ludwiczak checked in and obtained a more thorough history.

When I met Ms. Ludwiczak in the exam room, I told her Roxie was in the oxygen cage and seemed to be doing ok so far. I told Ms. Ludwiczak that it sounded like she was having a hard night, and she then told me about her day and that she had hit something large, which she suspected was a mountain lion, on her over-3-hour drive into the clinic. She hadn't thought it had done much damage, but upon arrival at the clinic realized that her car was leaking radiator fluid and was no longer in driving condition. I sympathized with her and said that any one part of this would be a lot to deal with, but Roxie's condition along with the stress of the car had to be really pushing her to her limit.

We discussed Roxie's condition and her history in detail. We reviewed the medication she was on and that x-rays from a week prior showed one lung being white. We discussed her history of collapsing trachea and that she was started on cough tabs three weeks prior. She was then started on prednisone and had recently transitioned from prednisone to prednisolone. We talked about her visit to another ER facility 3 weeks prior, where Ms. Ludwiczak felt that Roxie was mistakenly diagnosed with kennel cough. Ms. Ludwiczak said that Roxie had been fine that morning and had her nails trimmed at Encanto Pet Clinic around 4 PM. After that, she was having trouble catching her breath, but Ms. Ludwiczak said that she often had trouble catching her breath and her heart would race after nail trims and that she thought if Roxie could get home that she would settle as she normally does. She reported that Roxie continued to struggle at home and just never recovered, and so she had headed back into town to have her evaluated.



I explained my physical exam findings and that I could hear crackles in all of Roxie's lung fields. She asked me about Roxie's oxygen saturation level. I explained that it's much harder to check oxygen saturation in a dog than it is in a person, where you can just measure it using their finger. She asked where you could measure it on a dog and I said that you could use their lip, sometimes ear, vulva, or tongue but that dogs don't tolerate it very well and that it wasn't worth the additional stress on Roxie. I explained that I would expect it is currently low and that we are giving her supplemental oxygen. She asked how much and I explained that our oxygen cage is generally about 60% and that room air, for comparison, is a little over 20%.

We discussed that with Roxie's history, her prominent heart murmur, and the crackles in her lung fields I would strongly suspect that heart failure was the cause of her breathing difficulty. I explained that we had given an injection of furosemide to try and help clear some of that fluid from her lungs. Ms. Ludwiczak asked how long it would take to start working and I told her about 15-20 minutes. I explained that patients in heart failure are difficult to treat and don't always have predictable outcomes. Dogs range from responding quickly to medication and improving to the other end of the spectrum, where some just do not respond or even acutely pass away. I discussed that Roxie may be more challenging as this wasn't her first episode of heart failure, she has concurrent collapsing trachea, and she was already on a good combination of medications to help her heart and trachea. I explained that our therapy for her would be keeping her in the oxygen cage and giving repeated doses of diuretic to try to start clearing the fluid out of her lungs. Once she was breathing better, we would get lab work to see how her kidneys were doing because diuretics are hard on kidneys. We would also get chest x-rays to confirm the diagnosis and evaluate for additional concurrent disease. I explained that Roxie would be in the hospital for at least a day or two, but that it could be much longer and that I couldn't guarantee the outcome. I then explained that the other option would be to say that Roxie has been through enough and that we didn't want her to suffer. In that case, I would recommend euthanasia to prevent her from suffering. I explained that I didn't think there was a right decision or a wrong decision between those two options.

Ms. Ludwiczak took some time to think about things and asked me what I would do if Roxie were my dog. I told her that I get that question a lot and what I would choose doesn't have to be what she would choose but, since she asked, personally, I would choose humane euthanasia to prevent Roxie from suffering. We went on to have a lengthy conversation about this difficult decision.

Around that point in the conversation I said that I would like to step out and check on Roxie as at least 30 minutes had passed. I found that her breathing was slightly improved in the oxygen cage, but she was still severely tachypnic and having very labored breathing.

I returned to the room and told Ms. Ludwiczak what I had seen and that Roxie hadn't significantly improved. I expressed my concern about her heart disease with her concurrent collapsing trachea. We discussed that either one alone can be a lot to manage, but that having both diseases concurrently adds another layer of complexity and potential complications. Ms. Ludwiczak asked me about euthanasia again and I explained my typical

process for euthanasia. I explained that I typically place an IV catheter and then administer two injections. I explained that the first is an injectable anesthetic called propofol and that they very peacefully and painlessly go to sleep. The second injection is an overdose of another anesthetic that allows them to pass. I explained that their eyes stay open and that they sometimes urinate or defecate, which is natural as their body relaxes. Because I typically tell clients this when explaining euthanasia, I believe I also stated that sometimes animals will take one last breath thirty seconds to a minute after they pass, and if that occurred Roxie would already be mentally gone and her heart would have stopped, and that final breath would be her body's reflex to not having enough oxygen. That is my standard description of the process. I also added that because of Roxie's heart failure, it is possible that she may have bloody fluid that runs out of her mouth and nose as she relaxes, which can be alarming to see.

Ms. Ludwiczak then asked me about options for aftercare of Roxie's body. I explained that she could take Roxie's body if she wanted to or that she could have Roxie cremated. I explained that the cremation is done by another company, but that they are very reputable. I also clarified that there were two options for cremation, one where she was cremated alone and the owner could get her ashes back and the other option was a communal cremation where she was cremated with other pets and the ashes are not returned. Ms. Ludwiczak then asked me about how the ashes would be contained when they were returned. I explained that I believed they were returned in a plastic box and that the box was lined with a plastic bag that held the ashes.

We then returned to the discussion about what to do for Roxie. Ms. Ludwiczak was very clear that she didn't want Roxie to suffer and we discussed the possibility that if she was hospitalized, it was possible that Roxie could get treated and not get better, causing Ms. Ludwiczak to feel badly for having put Roxie through the treatment only to end up having to let her go. We also discussed the possibility that Roxie could pass unexpectedly without Ms. Ludwiczak there. She said she was pretty sure that she was going to choose euthanasia to prevent Roxie from suffering, but she wanted a few minutes to think about things. She also asked if she could visit with Roxie.

I stepped out of the room and checked on Roxie, who had not improved. Stefanie brought Roxie to Ms. Ludwiczak to visit. She told Ms. Ludwiczak to let us know if Roxie was worsening and we would put her back in oxygen. After a few minutes, she let us know she was done visiting and Stefanie took her back to the oxygen cage while I went to speak with Ms. Ludwiczak.

When Ms. Ludwiczak was ready, she let me know that she had elected euthanasia. She said that in the past when she had her dogs euthanized they were given an injection of a sedative and she was able to hold them while they went to sleep. She said she didn't want an IV catheter put in before that injection; she wanted to just hold Roxie while she went to sleep and then for us to give her the injections after that. I said I would be happy to do things that way, but she had to understand that the injection of the sedative could cause Roxie to decompensate from her heart disease and she could struggle to breath or she could even just acutely pass away. Ms. Ludwiczak looked at me and asked what different it

would make if the sedative caused her to pass away or if I gave her an injection that caused her to pass away? I said that I guessed it didn't make a difference, but that I wanted her to be aware of the possible outcomes. I asked her if there was anyone that we could call to come and be with her, and she said there wasn't. She had mentioned earlier in our conversation that due to her state of her car that she planned to sleep in her car in the parking lot until she could get the car towed to a repair shop in the morning. I asked if I could call a taxi for her or if we could help her find a hotel. She declined and said she would be fine sleeping in the car.

I then said that I would send Stefanie in with the euthanasia paperwork and that Stefanie would have her sign the form stating that we were going to let Roxie go and that she wanted to have Roxie cremated and to get her ashes back. I said that she would probably also take payment so that Ms. Ludwiczak didn't have to take care of that after and could leave when she was finished visiting with Roxie. Ms. Ludwiczak agreed with that plan. I told her that I would then give the sedative injection to Roxie and then bring Roxie into the room to be with Ms. Ludwiczak and go to sleep in the room.

Stefanie then went into the room to handle the paperwork and payment. After that was finished, Ms. Ludwiczak went into the restroom, which is located in the treatment area of the hospital. When we heard the water running for the sink, I gave Roxie the dexdomitor injection in her muscle and then held Roxie and comforted her in my lap while waiting for Ms. Ludwiczak.

When Ms. Ludwiczak exited the restroom, she walked past my desk on her way back to the exam room and Roxie became very excited to see her. I handed Roxie to Ms. Ludwiczak and unfortunately a short time later Roxie urinated a large volume on Ms. Ludwiczak. I apologized and told her I would be back shortly with a towel. I got a clean towel and partially unfolded the towel so that it wouldn't be too thick, but would still be able to absorb any additional urine well. Ms. Ludwiczak held Roxie out from her body and I tried to gently put the towel between them without touching Ms. Ludwiczak, as the urine was on her side primarily but was also on her upper abdomen/lower thorax region. She then brought Roxie back against her body, holding the towel between them. I guided her back to the exam room and asked her to let me know if she needed anything.

A short time later the doorbell rang with another emergency presenting to the practice. Stefanie went to the front of the hospital to triage. Shortly after, Ms. Ludwiczak began to yell that she believed Roxie was suffering and that we had to let her go immediately or give her more sedative. I went in and determined that Roxie was sedated and likely unaware of her surroundings, and that the quickest way to ease Ms. Ludwiczak's concerns would be to proceed with the euthanasia as planned. I told her I would get the supplies and would be right back. I ran back to the treatment room and grabbed clippers, the euthanasia solution, and a butterfly catheter, as a butterfly could be used much more quickly than an IV catheter. I returned to the room and plugged the clippers in. Roxie was having more labored breathing, and Ms. Ludwiczak was visibly very upset and kept saying that Roxie was suffering and that we had to let her go immediately. I told her that I was going to let her go as quickly as I could and that I didn't think Roxie was very aware of what was

occurring. When I tried the clippers, they wouldn't turn on. I removed them from that outlet and tried another outlet. They still didn't work. So, I got a bottle of alcohol and tried to part Roxie's fur over her lateral saphenous vein and then tried to hold off the vein and place the butterfly catheter. I was not successful in getting the vein on my first attempt. At that time Stefanie returned to the exam room.

I asked Stefanie if the outlets in the room didn't work because I couldn't get the clippers to work. She said that it could be because of the construction occurring at the clinic and asked which outlets I had tried. I told her and she pointed out a third outlet in the exam room that I had not seen. We tried that outlet and it worked. I then clipped the fur over the vein. Stefanie held off for me while I tried to place the butterfly catheter again. Stefanie asked if I wanted help and I said I did. I then held off the vein while Stefanie placed the butterfly catheter on her first try. I don't remember which time, but one of the times I tried to place the butterfly catheter Roxie briefly lifted her head from the table but then immediately returned to being laterally recumbent with her head down. She was not struggling or trying to pull her limbs back. So, I believe that if Roxie was aware, she was only minimally aware.

However, Ms. Ludwiczak was still very visibly upset and was stating that Roxie was suffering and we needed to let her go or give more sedation. I told her that we had the butterfly catheter in now and that I was going to give an injection that would let her go. I delivered the euthanasia solution through the catheter and watched as Roxie's breathing slowed and then stopped. I then auscultated her heart very thoroughly to ensure she had passed before letting the owner know she had passed. I am always thorough when auscultating for a stopped heartbeat, but I take extra time with patients that have been given dexdomitor because they can have very slowly beating hearts that are easy to miss.

After I confirmed that Roxie had passed, I stood with Ms. Ludwiczak and gave her time to visit with Roxie's body. I expressed my condolences and again reiterated that she had had a lot to deal with that evening. I asked again if there was anything that we could do to help her and she declined. I think Stefanie offered a bottle of water that Ms. Ludwiczak accepted. I don't remember if Ms. Ludwiczak took some time alone with Roxie's body or not. Certainly, if she asked for time alone we would have been happy to provide that. Stefanie then walked her out of the hospital while I stayed with Roxie's body.

I have to admit that I was shocked to receive a board complaint from this client. During her visit, I thought that we had a good working relationship and that she had appreciated our detailed discussions and efforts for Roxie. While I don't think that every criticism in the letter requires a response, there are a few things I would like to clarify or specifically respond to.

First, in regard to the comments about my bedside manner being relaxed/friendly and my "calm" discussion with Stefanie: having practiced emergency medicine for over ten years, I find that the best approach to take with clients who are in high stress situations is to be calm, professional, and approachable so that they feel comfortable asking questions and feel they are making informed decisions. I consistently get compliments from my clients

about my caring and calm bedside manner in the face of emergency situations. Similarly, in high stress situations, such as the one we experienced when Ms. Ludwiczak felt Roxie was suffering and I couldn't get the clippers to work, I find that staying calm and talking to my staff is actually the fastest way to get the assistance that I need.

Next, the disabled electrical outlets were not "red-tagged" because, to the best of my knowledge, no one was aware that the outlets were not functional. Unfortunately, the construction that is taking place at Pima Pet Clinic is taking place along the entire wall of exam rooms. In the exam room we were using, because it is at a corner, two walls face active construction on the other side. It was extremely unfortunate that these outlets were not working, but especially as a relief doctor, I had no way of knowing this. Stefanie and I notified the appropriate personnel in the morning and the next time I worked at the hospital the outlets did have labels across them stating that they were not functional. In my experience at this clinic, the exam room outlets are rarely used.

Euthanasia procedures are always difficult because of the high level of emotion, but in this case there was not a lack of skill or knowledge as alleged in the complaint. Ms. Ludwiczak was very specific that she wanted to have Roxie sedated before anything else was done and that she wanted Roxie to go to sleep in her arms. I discussed with her very clearly what the risks were of proceeding this way and she agreed to take those risks. I didn't know until I spoke with Stefanie after I received this complaint that she had also discussed the risks with Ms. Ludwiczak in the exam room. As far as the vessels having collapsed, dogs that are in heart failure are experiencing failure of their circulatory system by definition. So regardless of whether Roxie had been given dexdomitor, it could have been very difficult to catheterize her veins. I am fully aware of the side effects of dexdomitor and have used this medication very frequently throughout my career. If Ms. Ludwiczak wanted to hold Roxie and have her go to sleep in her arms, especially before an IV catheter was placed, I think this was a very reasonable drug choice.

Furthermore, as much as Roxie would struggle with restraint, it is possible that she would have passed away from the stress of having an IV catheter placed (remember a toe nail trim is what started this episode), which would have also been a very bad scenario. Unfortunately, with patients that are in heart failure there is not a perfect solution to get the ideal euthanasia every time.

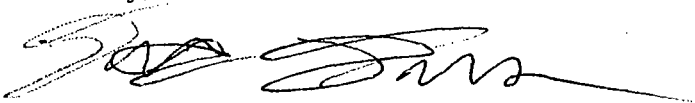
Ms. Ludwiczak commented on my thumb struggling to push the syringe and said that "none of the blue drug was going into the butterfly tubing." I don't recall this happening, but it is possible that my thumb moved while I was administering the euthanasia solution, but that was of no consequence in how the procedure was performed. As to the suggestion that the euthanasia solution wasn't given, that is false. Stefanie was there to witness that Roxie was absolutely administered the euthanasia solution and then saw me confirm Roxie's passing after the administration was finished. Without any doubt, Roxie did not pass on her own, she passed from the administration of euthanasia solution. Maybe Ms. Ludwiczak was confused because the administration is given slowly over 15-30 seconds and not as just a rapid injection. In my experience, rapid injections of euthanasia solution can lead to excitement or agitation before death.

To clarify the comments about JTED, PIMA JTED is a program that offers technical training courses through Amphitheater School District to high school students. They have programs that range from cosmetology to heavy equipment operations to veterinary science. I serve as a volunteer on the Veterinary Science advisory board to help guide the program on what students need to know to be successful veterinary assistants upon graduation. I also serve as an instructor and hold a premise license (under the name "Class Pet") for the program, which has a small teaching facility to give the students hands on experience. Everyone who visits the Class Pet facility to have their pet treated signs a form acknowledging that it is a teaching facility and that students are working with the pets. This facility is not close to and is not in any way affiliated with Pima Pet Clinic / Animal Emergency Service. I am not the director at Pima Pet Clinic / Animal Emergency Service nor do I carry the title of director at the PIMA JTED facility.

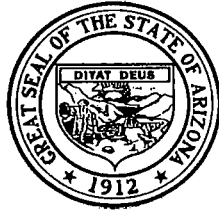
Finally, all of the cremations for Pima Pet Clinic / Animal Emergency Service are performed by Lasting Paws. Lasting Paws is probably the most widely used cremation service by veterinarians in the city of Tucson and I would consider them to be extremely reputable. Additionally, the paperwork for Roxie's cremation with Lasting Paws is included in the medical record. I think that the way they present their cremains is very tasteful and I have complete confidence in the service and that the ashes returned are those of Roxie and Roxie alone.

I sympathize with Ms. Ludwiczak that she had a very stressful day/night not only having to decide to euthanize Roxie but also significantly damaging her car by hitting a wild animal and then choosing to sleep that night in her car, but I don't feel that the care that was provided to Roxie was inappropriate or in any way below the standard of care. If anything, I feel that we went above and beyond the call to try and accommodate this client's wishes. If I can do anything to further clarify these events, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Dimitri Brown", with a long horizontal flourish extending to the right.

Dimitri Brown, DVM



**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Adam Almaraz - Chair  
Amrit Rai, DVM  
Brian Sidaway, DVM  
Cameron Dow, DVM  
William Hamilton

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Dawn Halbrook – Compliance Specialist  
Mary Williams – Assistant Attorney General

**RE:** Case: 20-40  
Complainant(s): Pamela Ludwiczak  
Respondent(s): Dimitri Brown, DVM (License: 4716)

**SUMMARY:**

Complaint Received at Board Office: 10/9/19  
Committee Discussion: 1/7/20  
Board IIR: 2/19/20

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow)

On September 21, 2019, "Roxie," a 12-year-old female Terrier mix was presented to Respondent on emergency while he was providing relief services at Pima Pet Clinic. The dog had a history of heart failure and collapsing trachea and presented dyspneic and coughing after undergoing a nail trim earlier that day.

After much discussion, Complainant elected to humanely euthanize the dog to end her suffering. The dog was sedated. Respondent had difficulty placing a butterfly catheter; once installed, the euthanasia solution was administered and the dog passed away.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared telephonically. Attorney, David Stoll appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Pamela Ludwiczak*
- Respondent(s) narrative/medical record: *Dimitri Brown, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Encanto Pet Clinic*



**PROPOSED 'FINDINGS of FACT':**

1. The dog had a history of cardiac disease and collapsing trachea. The dog's current medications were: Hydrocodone, Lasix, Prednisolone, Cough Tablets, Enalapril, Vetmedin and Incurin.
2. On September 20, 2019, the dog was presented to Encanto Pet Clinic for a toe nail trim and pick up refills of furosemide and prednisolone. According to the medical record, the dog did well for the nail trim and did not need to be muzzled.
3. Complainant lives some distance away from Tucson, approximately 2 hours, which the dog did fine on the car ride home after the nail trim. A couple hours after arriving home, the dog began to cough therefore Complainant gave the dog a hydrocodone 5mg dose. The dog initially improved, but then became restless and began to cough more, sounding congested. Complainant elected to take the dog back to Tucson for an emergency evaluation.
4. Upon arrival at Pima Pet Clinic, Complainant advised staff that the dog had a history of congestive heart failure; staff took the dog into the treatment area to be triaged due to difficulty breathing. Respondent, a relief veterinarian, examined the dog and found a weight = 11.2 pounds, a temperature = 99.6 degrees, a pulse rate = 180bpm and a respiration rate = 82rpm, with moderate effort; Respondent noted a grade 5/6 heart murmur and severe crackles in all lung fields. The dog was placed in an oxygen kennel. Respondent had technical staff obtain permission from Complainant to administer an injection of furosemide. Complainant approved and the dog was given 20mg furosemide IM, not IV, due to dog's resistance to restraint. The dog was returned to the oxygen cage.
5. Respondent spoke with Complainant regarding his findings and recommended thoracic radiographs and blood work. Hospitalization overnight in oxygen with intermittent furosemide injections was also recommended. After much discussion and consideration, Complainant elected to humanely euthanize the dog to prevent further suffering.
6. Complainant and Respondent discussed the euthanasia process, what to expect during the euthanasia and cremation options. Complainant completed the euthanasia authorization and payment.
7. Complainant asked that the dog be sedated prior to euthanasia solution being administered. Complainant went to the restroom -- just prior to her exiting the restroom, Respondent administered the dog 0.5mLs of Dexdomitor (0.5mg/mL) IM. Respondent handed the dog to Complainant and when the dog became sedate, she urinated on Complainant. Respondent retrieved a towel and escorted Complainant to an exam room. The dog was on the exam table, laying on her side and labored breathing. While Complainant was visiting the dog, she became concerned the dog was suffering and wanted Respondent to either give the dog additional sedative or administer the euthanasia solution.
8. Respondent evaluated the dog and determined that the dog was sedated and was likely unaware of her surroundings. He wanted to ease Complainant's concerns therefore proceeded with the euthanasia procedure. Respondent attempted to shave the hair away from the lateral

saphenous vein but the clippers would not work. Another outlet was tried but it too was not working. Respondent wiped the area on the dog's leg with alcohol to visualize the vein; he attempted to hold off the vein and place a butterfly catheter without success. The dog briefly lifted her head but then placed it back down on the table; she was not struggling or trying to pull her limbs away, according to Respondent. Complainant was visibly upset and stated the dog was suffering.

9. Technical staff entered the exam room to assist Respondent. She advised there was a third outlet in the room; it was working and the dog's leg was shaved. Respondent attempted to place the butterfly catheter again – again it failed. Technical staff took over and was able to successfully place the catheter and Respondent administered the euthanasia solution. Afterwards, he auscultated the dog's heart and advised Complainant that the dog had passed away.

10. Respondent stated that as a relief veterinarian he was unaware that two of the outlets in the exam room were non-functional due to construction taking place at the premises. Complainant was made aware of the risks of sedating the dog before the IV catheter was placed, and agreed to take those risks.

11. Complainant expressed concerns with the cremation; she was under the impression that Pima Pet Clinic performed the cremations and when the cremains were returned they had the name Lasting Paws on the container. She was worried that the cremains may not be her dog. Respondent explained that cremation services are provided by Lasting Paws, and are a reputable cremation service. He has no doubt that the ashes returned were Complainant's dog.

### **COMMITTEE DISCUSSION:**

The Committee discussed that there were discrepancies in the testimony provided – one believed the dog suffocated and did not receive the euthanasia solution and one believed the full amount of euthanasia solution was administered to the dog, causing the death of the dog.

The dog was in congestive heart failure and had issues with the circulatory system. The Committee commented that these euthanasias can be difficult to watch and not recommended for the pet parent to be present for – emotions would be high. Placing an IV catheter pre-sedation would be difficult, as would administering a sedative IV due to the dog's condition. Dexdomitor IM was the best agent selection based on the situation. The dog was decompensating and had an agent on board further causing the blood pressure to decrease. Respondent had to find a vein in front of Complainant, who is understandable upset watching her pet be euthanized.

The Committee was confident that the dog received the euthanasia solution.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

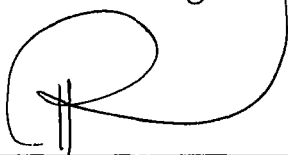
### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT  
Investigative Division